## PATENT APPLICATION FEE DETERMINATION RECORD

Effective December 29, 1999

**CLAIMS AS FILED - PART I** 

| <b>Application</b> | or Docket | Number |
|--------------------|-----------|--------|
|--------------------|-----------|--------|

**OTHER THAN** 



| CLAIMS AS FILED - PART I (Column 1) (Column 2)                           |                                                |                                           |                   |                                             | SMALL ENTITY TYPE 3 |                     | OTHER THAN             |                            |                     |                                                  |
|--------------------------------------------------------------------------|------------------------------------------------|-------------------------------------------|-------------------|---------------------------------------------|---------------------|---------------------|------------------------|----------------------------|---------------------|--------------------------------------------------|
| FO                                                                       | R                                              |                                           | R FILED           | NUMBER E                                    |                     | RATE                | FEE                    | Γ                          | RATE                | FEE                                              |
| ВА                                                                       | BASIC FEE                                      |                                           |                   |                                             |                     | 345.00              | OR                     |                            | 690.00              |                                                  |
| TOTAL CLAIMS 50 minus 20= * 31                                           |                                                |                                           |                   |                                             |                     |                     | 333                    | OR                         | X\$18= -            | teleto                                           |
| INDEPENDENT CLAIMS                                                       |                                                |                                           |                   |                                             |                     | X39=                | 117                    | OR                         | X78=                | 294                                              |
| MULTIPLE DEPENDENT CLAIM PRESENT                                         |                                                |                                           |                   |                                             | +130=               |                     | OR                     | +260=                      |                     |                                                  |
| * If the difference in column 1 is less than zero, enter "0" in column 2 |                                                |                                           |                   |                                             | TOTAL               | 195                 | OR                     | TOTAL                      | 1816                |                                                  |
| CLAIMS AS AMENDED - PART II (Column 1) (Column 2) (Column 3)             |                                                |                                           |                   |                                             | SMALL ENTITY        |                     | OR                     | OTHER THAN<br>SMALL ENTITY |                     |                                                  |
| ENT A                                                                    |                                                | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT |                   | HIGHEST<br>NUMBER<br>PREVIOUSLY<br>PAID FOR | PRESENT<br>EXTRA    | RATE                | ADDI-<br>TIONAL<br>FEE |                            | RATE                | ADDI-<br>TIONAL<br>FEE                           |
| <b>AMENDMENT</b>                                                         | Total                                          | .57.                                      | Minus             | 51                                          | =                   | X\$ 9=              |                        | OR                         | X\$18=              |                                                  |
| AME                                                                      |                                                | • 6                                       | Minus             | ··· 6                                       | =                   | X39=                |                        | OR                         | X78=                |                                                  |
|                                                                          | FIRST PRESEN                                   | NTATION OF MU                             | DETIPLE DEPE      | NDENT CLAIM                                 |                     | +130=               |                        | OR                         | +260=               |                                                  |
|                                                                          |                                                |                                           |                   |                                             |                     | TOTAL<br>ADDIT. FEE |                        | OR                         | TOTAL<br>ADDIT. FEE |                                                  |
|                                                                          |                                                | (Column 1)                                |                   | (Column 2)                                  | (Column 3)          | ADDIT: TEE          |                        |                            | ,                   |                                                  |
| ENT B                                                                    |                                                | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT |                   | HIGHEST<br>NUMBER<br>PREVIOUSLY<br>PAID FOR | PRESENT<br>EXTRA    | RATE                | ADDI-<br>TIONAL<br>FEE |                            | RATE                | ADDI-<br>TIONAL<br>FEE                           |
| MENDMENT                                                                 | Total                                          | *                                         | Minus             | **                                          | =                   | X\$ 9=              |                        | OR                         | X\$18=              |                                                  |
| AME                                                                      | Independent                                    | *                                         | Minus             | ***                                         | =                   | X39=                |                        | OR                         | X78=                | ·                                                |
| H                                                                        | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM |                                           |                   |                                             |                     |                     |                        | OR                         | +260=               |                                                  |
|                                                                          |                                                |                                           |                   |                                             |                     | +130=               |                        | ÖR                         | TOTAL               |                                                  |
|                                                                          |                                                | (Column 1)                                |                   | (Column 2)                                  | (Column 3)          | ADDIT. FEE          | <del></del>            |                            | ADDIT. FEE          | :                                                |
| ENT C                                                                    |                                                | CLAIMS REMAINING AFTER AMENDMENT          |                   | HIGHEST<br>NUMBER<br>PREVIOUSLY<br>PAID FOR | PRESENT<br>EXTRA    | RATE                | ADDI-<br>TIONAL<br>FEE |                            | RATE                | ADDI-<br>TIONAL<br>FEE                           |
| MA                                                                       | Total                                          | *                                         | Minus             | **                                          | =                   | X\$ 9=              |                        | OR                         | . X\$18=            |                                                  |
| AMENDMENT                                                                | Independent                                    | *                                         | Minus             | ***                                         | =                   | X39=                | <b></b>                | 1                          | X78=                | 1                                                |
| Ľ                                                                        | FIRST PRESE                                    | NTATION OF M                              | ULTIPLE DEP       | ENDENT CLAIN                                | 1                   |                     |                        | OR                         |                     | <del>                                     </del> |
| ١.                                                                       | If the entry in colu                           | mn 1 is less than t                       | he entry in colum | on 2 write "N" in o                         | olumn 3             | +130=               |                        | OR                         | +260=               |                                                  |
|                                                                          | If the "Highest Nur                            | mber Previously P                         | raid For" IN THIS | SPACE is less th                            | an 20. enter "20."  | TOTAL<br>ADDIT. FEE | 1                      | OR                         | TOTAL<br>ADDIT. FEE |                                                  |
|                                                                          | *If the "Highest Nor                           | mber Previously P                         | aid For" IN THIS  | SPACE is less th                            | an 3. enter "3."    | ADDIT. I LL         | <del></del>            | •                          | AUDIT. FEE          |                                                  |